REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -5 A 10: 32

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
WI Health and Hospital Association Federal PAC

ADDRESS (number and street) ☐ Check if different than previously reported
5721 Odana Road

CITY, STATE and ZIP CODE
Madison, WI 53719

2. FEC IDENTIFICATION NUMBER
C00359455

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

[X] 30-Day Post-Election Report following the General Election
on 11/7/00 in the State of Wisconsin

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. (a) Cash on Hand January 1, 19____		$ -0-
(b) Cash on Hand at Beginning of Reporting Period	$ 4,952.50	
(c) Total Receipts (from Line 19)	$ 4,492.50	$ 12,920.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 9,445.00	$ 12,920.00
7. Total Disbursements (from Line 30)	$ 7,274.58	$ 10,749.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,170.42	$ 2,170.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Alison K. Prange

Signature of Treasurer
Alison K. Prange

Date
11/29/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FEDAN069

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: WI Health and Hospital Assoc. Federal PAC

REPORT COVERING PERIOD FROM 10/19/00 TO: 11/27/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,400.00	2,975.00	11(a)(i)
ii. Unitemized	3,092.50	6,945.00	11(a)(ii)
iii. Total (add i and ii) ➤	4,492.50	9,920.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,492.50	9,920.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	3,000.00	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,492.50	12,920.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,492.50	12,920.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	274.58	274.58	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	274.58	274.58	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	1,600.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,000.00	8,875.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,274.58	10,749.58	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,274.58	10,749.58	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,492.50	9,920.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,492.50	9,920.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	274.58	274.58	35
36. Offsets to Operating Expenditures (from line 16)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	274.58	274.58	37

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WI Health and Hospital Association Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stanley Staples, Jr. 1135 Easthill Place Wausau, WI 54403 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Wausau Hospital Occupation: Board Member Aggregate Year-to-Date > $ 200.00	10/25/00	200.00
B. David Albrecht 1981 Tyler Ln. DePere, WI 54115 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Bellin Health Occupation: Executive Vice President Aggregate Year-to-Date > $ 250.00	10/25/00	200.00
C. Annette Bollig 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Children's Health Sys. Occupation: Director, QI Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
D. Cinthia Christensen 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Children's Health Sys. Occupation: V.P./General Counsel Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
E. Larry Duncan 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Children's Health Sys. Occupation: Director, Ambulatory Srv. Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
F. Patty Flowers 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Children's Health Sys. Occupation: Director, Annual Giving Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
G. Christine Holmes 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Children's Health Sys. Occupation: Dir., Comm. Ventures Aggregate Year-to-Date > $ 100.00	10/31/00	100.00

SUBTOTAL of Receipts This Page (optional) $900.00

TOTAL This Period (last page this line number only) .....

FEDAN099

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

WI Health and Hospital Association Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Roy Johnson 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Children's Health Sys. Occupation: Dir., IS Applications Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
B. Margaret Niemer 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Children's Health Sys. Occupation: Corp. V.P., Human Resrc Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
C. Will Olive 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Children's Health Sys. Occupation: Director, IS Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
D. Theresa Reagan 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Children's Health Sys. Occupation: Executive Director Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
E. Larry Woodard 9000 W. Wisconsin Ave. Milwaukee, WI 53226 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Children's Health Sys. Occupation: Exec. Vice President Aggregate Year-to-Date > $ 100.00	10/31/00	100.00
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... $ 500.00

TOTAL This Period (last page this line number only) $1,400.00

FEC/A/009

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WI Health and Hospital Association Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Governors Association 310 First St., SE Washington, DC 20003	contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/25/00	$5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic National Committee P.O. Box 814 Madison, WI 53701	contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/25/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Unity Fund 222 State St., Suite 400 Madison, WI 53703	contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/31/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $7,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 21 b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WI Health and Hospital Association Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
M&I Bank of Southern WI 401 N. Segoe Rd. Madison, WI 53705	check supplies Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/20/00	211.25
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
M&I Bank of Southern WI 401 N. Segoe Rd. Madison, WI 53705	Visa settlement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/20/00	63.33
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$274.58

FEDANK99

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 12/1/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR — PREPARER

12/5/00 — DATE PREPARED

(6/2000)